



National Aeronautics and
Space Administration
Kennedy Space Center

KSC
Utilization

Utilization Hardware Shipping & Transportation via DD1149 or Equivalent



Utilization Payload Shipping Instructions

On-Line

DD1149 or IP/P Packing Sheet
(or Equivalent Form)

To:

Transportation Officer
PGOC Warehouse Bldg. M6-698
Kennedy Space Center, FL 32899

Mark For:

Logistics Mission Rep:
(insert name, mail code/phone Number)

KSC Point of Contact:

Customer Integration Manager:
(insert name, mail code/phone Number)

Additional contacts: add as required

Location use: Building and room

Include on Form:

1. Utilization Payloads
2. Identify for: **On-line processing**
3. Identify Flight or Non-Flight
4. Identify Mission Number
5. Identify Payload Name
6. Must address any issue affecting KSC on-line processing, or note "no issues for KSC on-line processing", or note that "issues affecting KSC on-line processing are addressed in the IDP. These statement on the shipper must be "validated" with a Quality stamp or customer signature.

Off-Line

DD1149 or IP/P Packing Sheet
(or Equivalent Form)

To:

Transportation Officer
PGOC Warehouse Bldg. M6-698
Kennedy Space Center, FL 32899

Mark For:

Owner name, phone number

KSC Point of Contact:

Customer Integration Manager:
(insert name, mail code/phone Number)

Additional contacts: add as required

Location use: Building and room

Include on Form:

1. Utilization Payloads
2. Identify for: **Off-line processing**
3. Identify Flight or Non-Flight
4. Identify Mission Number
5. Identify Payload Name
6. Must address any issue affecting KSC on-line processing, or note "no issues for KSC on-line processing", or note that "issues affecting KSC on-line processing are addressed in the IDP. These statement on the shipper must be "validated" with a Quality stamp or customer signature.



National Aeronautics and
Space Administration
Kennedy Space Center

DD1149 Continuation Sheet

KSC
Utilization

REQUISITION AND INVOICE / SHIPPING DOCUMENT (Continuation Sheet)							Form Approved OMB No. 0704-0246 Expires Oct 31, 1991			
<p>Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0246), Washington, DC 20503.</p>										
SHEET NO. 2		NO. OF SHEETS 2		6. REQUISITION NUMBER Leave blank unless such data included in shipping instructions		11.A. VOUCHER NUMBER AND DATE Enter number assigned by shipping contractor/provider to identify this shipping document and to credit his property account		b. VOUCHER NUMBER AND DATE Indicate date the voucher number was assigned (YYMMDD)		
ITEM NO. (a)	FEDERAL STOCK NUMBER, DESCRIPTION, AND CODING OF MATERIEL AND/OR SERVICES (b)			UNIT OF ISSUE (c)	QUANTITY REQUESTED (d)	SUPPLY ACTION (e)	TYPE CONTAINER (f)	CONTAINER NOS. (g)	UNIT PRICE (h)	TOTAL COST (i)
	<p>Use manufacturer's part number and description of item Include serial number and model number Advise if item(s) are "Flight" hardware</p> <p>When appropriate, the Quality Assurance Representative will place verification stamp or signature in Block 4b following the last item entered.</p> <p>The DD Form 1149 as a minimum, should be distributed as follows:</p> <ul style="list-style-type: none">1 Copy – Consigner1 Copy – Mailed or faxed to consignee as advance copy1 Copy – Attached to original copy of Bill of Lading1 Copy – Attached to Transportation Office copy of GBL1 Copy – Carrier1 Copy – Quality Assurance Representative1 Copy – Property Administrator (if required for information)			Ea .box etc.	Enter Qty. Requisitioned	Enter Qty. being shipped	Wood etc	Number of each container	Cost of each item, reasonable estimate is acceptable	Unit price multiplied by the total number of applicable items shipped
									SHEET TOTAL	Total of Column



National Aeronautics and
Space Administration
Kennedy Space Center

DD1149 Shipping Document

KSC
Utilization

REQUISITION AND INVOICE / SHIPPING DOCUMENT							Form Approved OMB No. 0704-0246 Expires Mar 31, 1993		
Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0246), Washington, DC 20503. PLEASE DO NOT RETURN YOUR COMPLETED FORM TO EITHER OF THESE ADDRESSES. RETURN COMPLETED FORM TO THE ADDRESS IN ITEM 2.									
1. FROM: (Include Zip Code) Accountable Owner, Contractor or Agency Contract Number if Applicable Complete Address				SHEET NO. 1	NO. OF SHEETS 2	5. REQUISITION DATE Leave blank unless such data included in shipping instructions	6. REQUISITION NUMBER Leave blank unless such data included in shipping instructions		
				7. DATE MATERIAL REQUIRED (YYMMDD) Leave blank unless such data included in shipping instructions		8. PRIORITY Leave blank unless such data included in shipping instructions			
2. TO: NASA Transportation Officer PGOC Warehouse, Building M6-698 Kennedy Space Center, FL 32899				9. AUTHORITY OF PURPOSE Cite document, contract modification, or other directive which authorized shipment or transfer					
				10. SIGNATURE Signature of authorized sending representative			11a. VOUCHER NUMBER & DATE (YYMMDD) Enter number assigned by shipping contractor/provider to identify this shipping document and to credit his property account		
3. SHIP TO - MARK FOR Point of Contact Name, Mail Stop, Phone Number (For Mission Specific Assets, the assigned Mission Rep should be the POC Location Use (building and room number) Contract Number (if being transferred for eventual accountability) Document Mission and Flight Number (Ex: STS 110/8A) Note: If Utilization Asset, mark if for "off-line" or "on-line" processing				12. DATE SHIPPED (YYMMDD) Enter date the item is picked up by the carrier			11b. Indicate date the voucher number was assigned (YYMMDD)		
				13. MODE OF SHIPMENT Enter the type of carrier used. Railroad, Government truck, aircraft etc.			14. BILL OF LADING NUMBER Enter the commercial or Government bill of lading number on which shipment is accomplished		
				15. AIR MOVEMENT DESIGNATOR OR PORT REFERENCE NO. Enter data when applicable					
4. APPROPRIATIONS SYMBOL AND SUBHEAD Cite applicable data if specified in the shipping or other instructions for all blocks on this line			OBJECT CLASS	EXPENDITURE ACCOUNT (to)	CHARGEABLE ACTIVITY	BUREAU CONTROL ACTIVITY NO.	BUREAU CONTROL NO.	AMOUNT	
ITEM NO. (a)	FEDERAL STOCK NUMBER, DESCRIPTION, AND CODING OF MATERIEL AND/OR SERVICES (b)		UNIT OF ISSUE (c)	QUANTITY REQUESTED (d)	SUPPLY ACTION (e)	TYPE CON-TAINER (f)	CON-TAINER NOS. (g)	UNIT PRICE (h)	TOTAL COST (i)
by Use manufacturer's part number and description of item ea.box etc Enter Qty. Enter Qty. being shipped. Wood etc. Number of Cost of each item, Unit price multiplied Include serial number and model number requisitioned each container estimate is acceptable the total number of applicable items Advise if item(s) are "Flight" hardware shipped When appropriate, the Quality Assurance Representative will place verification stamp or signature in Block 4b following the last item entered. DD Form 1149, "Requisition and Invoice/Shipping Documentation (Continuation sheet)" will be used if more than one page is required for a single shipment									
16. TRANSPORTATION VIA MATS OR MSTs CHARGEABLE TO Cite appropriate funds for these items as called for					17. SPECIAL HANDLING Enter special handling requirements, (i.e. fragile etc.) use continuation sheet if needed				
18. Recapitulation of shipment Enter appropriate data when shipments are of such a magnitude that this information will be helpful					19. RECEIPT DATA For use by the consignee				
ISSUED BY	TOTAL CON-TAINERS	TYPE CON-TAINER	DESCRIPTION	TOTAL WEIGHT	TOTAL CUBE	CONTAINERS RECEIVED EXCEPT AS NOTED	DATE (YYMMDD)	BY	SHEET TOTAL Total of first sheet, all column (i)
V.N. PHAM						AS NOTED			
CHECKED BY						QUANTITIES RECEIVED EXCEPT AS NOTED	DATE (YYMMDD)	BY	GRAND TOTAL
PACKED BY									
V.N. PHAM			← TOTAL →			POSTED	DATE (YYMMDD)	BY	20. RECEIVER'S VOUCHER NO.



National Aeronautics and
Space Administration
Kennedy Space Center

UF-2 Schedule

KSC
Utilization

REQUISITION AND INVOICE / SHIPPING DOCUMENT (Continuation Sheet)							Form Approved OMB No. 0704-0246 Expires Oct 31, 1991			
Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0246), Washington, DC 20503.										
SHEET NO. 2		NO. OF SHEETS 2		6. REQUISITION NUMBER Leave blank unless such data included in shipping instructions		11.A. VOUCHER NUMBER AND DATE Enter number assigned by shipping contractor/provider to identify this shipping document and to credit his property account		b. VOUCHER NUMBER AND DATE Indicate date the voucher number was assigned (YYMMDD)		
ITEM NO. (a)	FEDERAL STOCK NUMBER, DESCRIPTION, AND CODING OF MATERIEL AND/OR SERVICES (b)			UNIT OF ISSUE (c)	QUANTITY REQUESTED (d)	SUPPLY ACTION (e)	TYPE CON-TAINER (f)	CON-TAINER NOS. (g)	UNIT PRICE (h)	TOTAL COST (i)
	<p>Use manufacturer's part number and description of item Include serial number and model number Advise if item(s) are "Flight" hardware</p> <p>When appropriate, the Quality Assurance Representative will place verification stamp or signature in Block 4b following the last item entered.</p> <p>The DD Form 1149 as a minimum, should be distributed as follows:</p> <ul style="list-style-type: none">1 Copy – Consigner1 Copy – Mailed or faxed to consignee as advance copy1 Copy – Attached to original copy of Bill of Lading1 Copy – Attached to Transportation Office copy of GBL1 Copy – Carrier1 Copy – Quality Assurance Representative1 Copy – Property Administrator (if required for information purposes)			Ea .box etc.	Enter Qty. Requisitioned	Enter Qty. being shipped	Wood etc	Number of each container	Cost of each item, reasonable estimate is acceptable	Unit price multiplied by the total number of applicable items shipped
SHEET TOTAL									Total of Column	



National Aeronautics and
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Kennedy Space Center

UF-2 Schedule

KSC
Utilization

SHIPPING

CONTAINER → 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50
TALLY

REQUISITION AND INVOICE/SHIPPING DOCUMENT							Form Approved OMB No. 0704-0246 Expires Dec 13 1999				
The public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0246), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.											
PLEASE DO NOT RETURN YOUR FORM TO THIS ADDRESS. RETURN COMPLETED FORM TO THE ADDRESS IN ITEM 2.											
1. FROM: (Include ZIP Code)					SHEET NO.	NO. OF SHEETS	5. REQUISITION DATE	6. REQUISITION NUMBER			
					7. DATE MATERIAL REQUIRED (YYMMDD)		8. PRIORITY				
2. TO: (Include ZIP Code)					9. AUTHORITY OR PURPOSE						
					10. SIGNATURE		11a. VOUCHER NUMBER & DATE (YYMMDD)				
3. SHIP TO - MARK FOR					12. DATE SHIPPED (YYMMDD)		b.				
					13. MODE OF SHIPMENT		14. BILL OF LADING NUMBER				
					15. AIR MOVEMENT DESIGNATOR OR PORT REFERENCE NO.						
4. APPROPRIATIONS DATA								AMOUNT			
ITEM NO. (a)	FEDERAL STOCK NUMBER, DESCRIPTION, AND CODING OF MATERIEL AND/OR SERVICES (b)				UNIT OF ISSUE (c)	QUANTITY REQUESTED (d)	SUPPLY ACTION (e)	TYPE CONTAINER NOS. (f)	CON-TAINER NOS. (g)	UNIT PRICE (h)	TOTAL COST (i)
16. TRANSPORTATION VIA MATS OR MSTs CHARGEABLE TO					17. SPECIAL HANDLING						
18. RECAPITULATION OF SHIPMENT											
ISSUED BY		Total Containers	Type Container	DESCRIPTION					TOTAL WEIGHT	TOTAL CUBE	
CHECKED BY											
PACKED BY											
19. RECEIPT											
CONTAINERS REC. EXCEPT AS NOTED		DATE (YYMMDD)		BY		SHEET TOTAL					
QUANTITIES REC. EXCEPT AS NOTED		DATE (YYMMDD)		BY		GRAND TOTAL					
POSTED		DATE (YYMMDD)		BY		20. RECEIVER'S VOUCHER NO.					

51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100
DD Form 1149 (Rev Jan 97) Previous Edition May Be Used. (MS Word May 96)